

P98000080221

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

900002636829--1
-09/11/98--01023--013
****122.50 ****122.50

SUBJECT: S. MAGNOLIA INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

S. MAGNOLIA INC.

Name (printed or typed)

2500 SE MIDPORT RD #275

Address

PORT ST LUCIE, FLA. 34952

City, State & Zip

561-398-4414

Daytime Telephone number

FILED
98 SEP 11 PM 3:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

S. MAGNOLIA INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2500 SE MIDPORT RD STE. 275
PORT ST LUCIE, FLA. 34952

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SCOTT MAGNOLIA
2500 SE MIDPORT RD STE. 275
PORT ST LUCIE, FLA. 34952

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TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SCOTT MAGNOLIA
2500 MIDPORT RD # 275
PORT ST LUCIE, FLA. 34952

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20th day of July, 1998.

X 

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: S. MAGNOLIA INC

2. The name and address of the registered agent and office is:

SCOTT MAGNOLIA
(Name)
2500 MIDPORT RD # 275
(P.O. Box not acceptable)
PORT ST LUCIE FLA. 34952
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X [Signature]
(Signature)

7/20/98
(Date)